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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 60	
County <u>Quinn</u>	District <u>Quinn</u>	County Registered No. _____	Local Registrar's No. _____
ORIGINAL CERTIFICATE OF DEATH			
No. <u>607 Snyder</u>			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Tom Davenport</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	Color or Race White <u>Indian</u> Black <u>Chinese</u> Mexican	SINGLE MARRIED WIDOWED OR DIVORCED	
DATE OF BIRTH <u>Oct 16</u> 191 <u>3</u>	(Month) (Day) (Year)		
AGE <u>5</u> yrs. <u>11</u> mos. <u>13</u> days	If less than 1 day hrs., or min.		
OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country) <u>Arizona</u>			
NAME OF FATHER <u>Tom Davenport</u>			
BIRTHPLACE OF FATHER (State or country) <u>N.Y.</u>			
MAIDEN NAME OF MOTHER <u>Missie Lewis</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>			
The Above is True to the Best of My Knowledge (Informant) <u>Missie Lewis</u>			
(Address) <u>Quinn Ariz</u>			
PLACE OF BURIAL OR REMOVAL <u>Masonic Cem</u>	DATE OF BURIAL OR REMOVAL <u>Aug 1</u> 191 <u>9</u>	ADDRESS <u>Quinn Ariz</u>	
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Aug 28</u> 191 <u>9</u>			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from <u>May 15</u> 191 <u>9</u> to <u>8-28</u> 191 <u>9</u> ; that I last saw him alive on <u>8-28</u> 191 <u>9</u> , and that death occurred on the date stated above <u>10:00</u> A.M. The DISEASE or INJURY causing Death was as follows: <u>Hodgkins Disease</u>			
(Duration) <u>7</u> yrs. <u>0</u> mos. <u>0</u> days			
Was disease contracted in Arizona? <u>yes</u>			
If no, where? _____			
CONTRIBUTORY (Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days			
(Signed) <u>Meade Olyne</u>			
8/29/1919 (Address) <u>Quinn Ariz</u>			
*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.			
LENGTH OF RESIDENCE			
At place of death <u>7</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>5</u> yrs. <u>0</u> mos. <u>0</u> ds.			
Former or Usual Residence <u>Quinn Ariz</u>			
Filed <u>Aug 29 1919</u>			
Filed <u>Aug 29 1919</u>			
County Registrar			